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PTO/SB/21 (12-97)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/699,077
	Filing Date	October 31, 2003
	First Named Inventor	Leslie ROSS
	Group Art Unit	1771
	Examiner Name	Hai VO
		Fax: (571) 273-8300
Total No. of Pages in this Submission: 13	Attorney Docket Number	BRONIG P65AUS

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. BUJOLD DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	November 7, 2005	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 7, 2005.

Type or printed name	Michael J. BUJOLD
Signature	
Date: November 7, 2005 (Lfb)	

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NOV 09 2005

**FEE TRANSMITTAL****for FY 2005**

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT: \$450****Complete if Known**

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Group Art Unit

10/699,077  
October 31, 2003  
Leslie ROSS  
Hai VO  
1771

Attorney Docket No.

BRONIG P65AUS

**METHOD OF PAYMENT (check all that apply)**

Check    Credit card    Money Order    Other    None  
 Deposit Account:

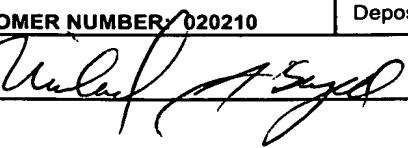
Deposit Account Number: 04-0213

Deposit Account Name: DAVIS &amp; BUJOLD, P.L.L.C.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below    Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified account.

**FEE CALCULATION (continued)**

3. ADDITIONAL FEES				Fee Description	Fee Paid
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)		
1051	130	2051	65	Surcharge-late filing fee/oath	
1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for re-examination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Ext.for reply w/in 1 mon	
1252	450	2252	225	Ext.for reply w/in 2 mon \$450	
1253	1,020	2253	510	Ext.for reply w/in 3 mon	
1254	1,590	2254	795	Ext.for reply w/in 4 mon	
1255	2,160	2255	1,080	Ext.for reply w/in 5 mon	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a Brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
SUBTOTAL (1) \$-0-					
2. CLAIMS					
Total Claims	-20*	<u>Extra</u>	<u>Fee From Below</u>	<u>Fee Paid</u>	
			\$ 50 (\$ 25)	x =	
Ind. Claims	- 3		\$200 (\$100)	x =	
Multiple Dependent		=	\$360 (\$180)	x =	
** or number previously paid, if greater; For Reissues, see below					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
1202	50	2202	25	Claims in excess of 20	
1201	200	2201	100	Independent claims in excess of 3	
1203	360	2203	180	Multiple dependent claim	
1204	200	2204	100	**Reissue independent claims over original patent	
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) \$-0-					
**or number previously paid, if greater; For Reissues, see above					
Other fee (specify) *Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) \$450					
SUBMITTED BY					
Typed or Printed Name	Michael J. BUJOLD		Registration No.	32,018	Completed (if applicable)
	CUSTOMER NUMBER 020210		Deposit Acct. No.	04-0213	Telephone (603) 624-9220
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					Date: November 7, 2005